

**Town of Enfield Adult Day Center
Client's Waiver for Services
Bill of Rights
Acknowledgement and General Consent**

Name of Client _____

Name of Responsible Party(if applicable)_____

I, _____

- I. Acknowledge that I have received the Admission/Discharge/Emergency Care policy.
- II. Have received the Enfield Adult Day Centers client's Bill of Rights & Responsibilities, grievance procedure and the complaint policy.
- III. Have received the Notice of Privacy Information Practices.
- IV. (DO, DO NOT) give permission to the Adult Day Center to use my name, take photographs, motion pictures and/or sound recordings of me. I understand that these may be used in publicity or publication concerning EADC and it's services/operations.
- V. Authorize the Enfield Adult Day Center to transport me off the premises for trips, outings, recreational or educational programs selected and supervised by day care staff.
- VI. Acknowledge that I have received the Enfield Adult Day Center medication policy.
- VII. Hereby authorize the Adult Day Center to release or receive from hospitals, physicians, lawyers, and/or other social, professional and institutional agencies involved in my care, all medical records and information pertinent to my care. I hereby give permission for the review of my medical records by accrediting agencies or regulatory bodies and to release information about me and/or my family to individuals involved in my care. I understand that I may withdraw this authorization at any time, but such withdrawal must be in writing, signed by myself or family member. Information released prior to any written withdrawal of authorization will continue to be covered under the original authorization.
- VIII. I agree to pay for the service of the Enfield Adult Day Center at a rate of _____ a day for as many days as the participant attends the program. I understand that if financial circumstances change, the daily rate could be adjusted. I would have to so notify the Center and complete another fee adjustment worksheet. I agree to pay on a monthly basis and to send this payment within seven days after receiving the monthly statement. Checks are to made payable to the Enfield Adult Day Center. I understand that if I do not pay within 15 days of receipt of invoice a late charge will apply. Overdue counts are subject to a late charge of \$10.00 per month. I agree to notify the Adult Day Center on any day that I am unable to attend. I understand that I will not be billed for days that I am absent from the program due to sickness, etc. If absenteeism becomes excessive, this policy will be reevaluated with each participant. I understand that I can increase/decrease the days I attend the program by making arrangements with the Adult Day Center at least two weeks in advance.

VIV. Person/Payor source to be billed_____

Your signature on this form will be your acknowledgement that you have received and understood all the information as stated on this form.

Signature of Client or Responsible Party

Date